

BOARD OF TRUSTEES
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Clerk

**Downers Grove
Sanitary District**

2710 Curtiss Street
P.O. Box 1412
Downers Grove, IL 60515-0703
Phone: 708-969-0664
Fax: 708-969-0827

*Providing a Better Environment for South Central
DuPage County*

September 17, 1992

K.S.
171902

STAFF
Lawrence C. Cox
General Manager
Ralph E. Smith, Jr.
Operations Director
Sheila K. Henschel
Administrative Services
Director
LEGAL COUNSEL
Michael C. Wiedel

Dear District User:

The Downers Grove Sanitary District is asking commercial and industrial users to complete and return the enclosed survey questionnaire.

The purpose of this survey is to identify all District users who discharge wastes other than domestic sewage into the District's system; those users who have materials which are prohibited from discharge to the sanitary sewer system. These users will then be required to comply with the District's pretreatment ordinance by obtaining a discharge permit and/or preparing contingency plans.

The survey is being done at this time to assure that commercial and industrial users are in compliance with the recent revisions to the federal pretreatment regulations. The District plans to resurvey at regular intervals to keep the information up to date.

Please respond to the questions as completely as possible. If information requested is just not obtainable, then don't answer the question. If you believe that you have a reasonably good answer, but do not know for sure, then your best estimate is an acceptable response.

The completed forms should be returned to the District, at the address above, by October 30, 1992. We have a large number of surveys to review and intend to respond to each user's questionnaire, so your cooperation in completing the survey and returning it as soon as possible will be greatly appreciated.

If you have any questions or comments regarding this questionnaire, please feel free to call myself, Jan Lacina, or Jim Jacobson at 969-0664.

Sincerely,
DOWNERS GROVE SANITARY DISTRICT

Janet M. Lacina

Janet M. Lacina
Laboratory Services Director

3566

JML
Enclosure

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COMMERCIAL/INDUSTRIAL WASTEWATER SURVEY 1992

COMPANY NAME: ARROW GEAR COMPANY (Plant 1)
DIVISION NAME (if applicable): None
ADDRESS: 2301 Curtiss Street Downers Grove, IL 60515
CORPORATE ADDRESS (if applicable): Same
NAME OF CONTACT PERSON: E. D. Kauzlarich Richard H. Shapiro
TITLE: V.P./Facilities Metallurgist
PHONE NUMBER: 708/969-7640

SECTION I GENERAL INFORMATION

1. Please provide a brief narrative description of the manufacturing or service activities at your facility:
(GEAR MANUFACTURER): Manufacturing activities involve turning,
milling, drilling, broaching, gear cutting, heat treating, grinding
and inspection.
2. List the Standard Industrial Classification Codes (SIC) which apply to your facility:

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3. Please check all the appropriate business functions that apply:

<input checked="" type="checkbox"/> Office space	<input type="checkbox"/> Printing/Engraving	<input checked="" type="checkbox"/> Warehouse
<input type="checkbox"/> Retail Store	<input type="checkbox"/> Medical Office	<input checked="" type="checkbox"/> Packaging
<input type="checkbox"/> Restaurant/Cafeteria	<input type="checkbox"/> Computer Center	<input type="checkbox"/> Assembly
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Wholesale/Distributor	<input type="checkbox"/> Fabricating
<input type="checkbox"/> Truck Repair	<input type="checkbox"/> Photo Processing	<input checked="" type="checkbox"/> Manufacturing
<input type="checkbox"/> Laundry/Dry cleaner	<input type="checkbox"/> Industrial Laundry	<input checked="" type="checkbox"/> Laboratory
<input type="checkbox"/> Auto Body Shop	<input type="checkbox"/> Car Wash	

4. Hours of Operation

Shift	Does Shift Exist	Shift Start Time	Work Days Per Week	Number of Employees Per Shift		
				Office	Plant	Total
1st	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>7:00 am</u>	<u>5/6</u>	<u>58</u>	<u>90</u>	<u>148</u>
2nd	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>3:30 pm</u>	<u>5/6</u>	<u>3</u>	<u>44</u>	<u>47</u>
3rd	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>11:00 pm</u>	<u>5/6</u>	<u>0</u>	<u>3</u>	<u>3</u>

5. Does your facility have seasonal or scheduled shut down periods?

Yes ☒ No ☐

If yes, please explain: Scheduled shut-down around Christmas and New Year holidays.

6. Are there any immediate (within one year) plans to change the products or services provided that would alter the information provided above?

Yes ☐ No ☒

If yes, please explain: _____

SECTION II RAW MATERIALS

Please check all of the following chemicals or groups of chemicals which are used at your facility:

<input checked="" type="checkbox"/> Ammonia or Ammonia Compounds	<input checked="" type="checkbox"/> Acids
<input type="checkbox"/> Dyes or Coloring Agents	<input checked="" type="checkbox"/> Bases (Caustic Alkali)
<input checked="" type="checkbox"/> Oils (petroleum, vegetable or animal)	<input type="checkbox"/> Solvents (other than for cleaning)
<input checked="" type="checkbox"/> Cleaning Solvents	<input type="checkbox"/> Phenolic Compounds
<input type="checkbox"/> Soluble Metals or Metal (salt) Compounds	<input type="checkbox"/> Radioactive Elements

SECTION III PRIORITY POLLUTANT INFORMATION

1. The following list of chemicals includes the priority pollutants. If any of these elements or compounds are known to be present in your facility's operations or are a by-product, please indicate by checking the appropriate line.

ITEM	CHEMICAL COMPOUND	ITEM	CHEMICAL COMPOUND
Metallic Compounds		Base/Neutral Organic Compounds	
<input type="checkbox"/>	1. Antimony	Polynuclear Aromatics	
<input type="checkbox"/>	2. Arsenic	<input type="checkbox"/>	44. Acenaphthalene
<input type="checkbox"/>	3. Beryllium	<input type="checkbox"/>	45. Acenaphthylene
<input type="checkbox"/>	4. Cadmium	<input type="checkbox"/>	46. Anthracene
<input type="checkbox"/>	5. Chromium	<input type="checkbox"/>	47. Benzo (a) anthracene
<input type="checkbox"/>	6. Copper	<input type="checkbox"/>	48. Benzo (b) fluoranthene
<input type="checkbox"/>	7. Lead	<input type="checkbox"/>	49. Benzo (k) fluoranthene
<input type="checkbox"/>	8. Mercury	<input type="checkbox"/>	50. Benzo (a) pyrene
<input type="checkbox"/>	9. Nickel	<input type="checkbox"/>	51. Benzo (g,h,i) perylene
<input type="checkbox"/>	10. Nickel	<input type="checkbox"/>	52. Chrysene
<input type="checkbox"/>	11. Silver	<input type="checkbox"/>	53. Dibenzo (a,h) anthracene
<input type="checkbox"/>	12. Thallium	<input type="checkbox"/>	54. Fluoranthene
<input type="checkbox"/>	13. Zinc	<input type="checkbox"/>	55. Fluorene
Volatile Organic Compounds		<input type="checkbox"/>	56. Indeno (1,2,3-cd)-pyrene
<input type="checkbox"/>	14. Acrolein	<input type="checkbox"/>	57. Naphthalene
<input type="checkbox"/>	15. Acrylonitrile	<input type="checkbox"/>	58. Phenanthrene
<input type="checkbox"/>	16. Benzene	<input type="checkbox"/>	59. Pyrene
<input type="checkbox"/>	17. Bromomethane	Base/Neutral Organic Compounds	
<input type="checkbox"/>	18. Bromodichloromethane	Ethers and Esters	
<input type="checkbox"/>	19. Bromoform	<input type="checkbox"/>	60. Bis(2-chloroethyl) ether
<input type="checkbox"/>	20. Carbon tetrachloride	<input type="checkbox"/>	61. Bis(2-chloroethoxy)methane
<input type="checkbox"/>	21. Chlorobenzene	<input type="checkbox"/>	62. Bis(2-ethylhexyl)phthalate
<input type="checkbox"/>	22. Chloroethane	<input type="checkbox"/>	63. Bis(2-chloroisopropyl)ether
<input type="checkbox"/>	23. 2-Chloroethyl vinyl ether	<input type="checkbox"/>	64. 4-Bromopenyl phenyl ether
<input type="checkbox"/>	24. Chloroform	<input type="checkbox"/>	65. Butyl benzyl phthalate
<input type="checkbox"/>	25. Chloromethane	<input type="checkbox"/>	66. 4-Chlorophenyl phenyl ether
<input type="checkbox"/>	26. Dibromochloroethane	<input type="checkbox"/>	67. Diethylphthalate
<input type="checkbox"/>	27. 1,1-Dichloroethane	<input type="checkbox"/>	68. Dimethylphthalate
<input type="checkbox"/>	28. 1,2-Dichloroethane	<input type="checkbox"/>	69. Dioctylphthalate
<input type="checkbox"/>	29. 1,1-Dichloroethene	<input type="checkbox"/>	70. Di-n-butylphthalate
<input type="checkbox"/>	30. Trans-1,2-Dichloroethene	<input type="checkbox"/>	71. Isophorone
<input type="checkbox"/>	31. 1,2-Dichloropropane	Base/Neutral Organic Compounds	
<input type="checkbox"/>	32. Cis-1,3-Dichloropropene	Nitrogen Containing Compounds	
<input type="checkbox"/>	33. Trans-1,3-Dichloropropene	<input type="checkbox"/>	72. Benzidine
<input type="checkbox"/>	34. Ethylbenzene	<input type="checkbox"/>	73. 2,4-Dinitrotoluene
<input checked="" type="checkbox"/>	35. Methylene chloride	<input type="checkbox"/>	74. 2,6-Dinitrotoluene
<input type="checkbox"/>	36. 1,1,2,2-Tetrachlorethane	<input type="checkbox"/>	75. 1,2-Diphenylhydrazine
<input type="checkbox"/>	37. Tetrachloroethane	<input type="checkbox"/>	76. Nitrobenzene
<input type="checkbox"/>	38. 1,1,1-Trichlorethane	<input type="checkbox"/>	77. N-Nitrosodimethylamine
<input type="checkbox"/>	39. 1,1,2-Trichlorethane	<input type="checkbox"/>	78. N-Nitrosodi-n-propylamine
<input type="checkbox"/>	40. Trichlorethene	<input type="checkbox"/>	79. N-Nitrosodiphenylamine
<input type="checkbox"/>	41. Trichlorofluoromethane	Base/Neutral Organic Compounds	
<input checked="" type="checkbox"/>	42. Toluene	Chlorinated Hydrocarbons	
<input type="checkbox"/>	43. Vinyl chloride	<input type="checkbox"/>	80. 2-Chloronaphthalene

ITEM	CHEMICAL COMPOUND	ITEM	CHEMICAL COMPOUND
Chlorinated Compounds		Pesticide Compounds	
81.	1,3-Dichlorobenzene	102.	Aldrin
82.	1,4-Dichlorobenzene	103.	Alpha-BHC
83.	1,2-Dichlorobenzene	104.	Beta-BHC
84.	3,3'-Dichlorobenzene	105.	Gamma-BHC (Lindane)
85.	Hexachlorobenzene	106.	Delta-BHC
86.	Hexachlorobutadiene	107.	Chlordane
87.	Hexachloroethane	108.	4,4'-DDD
88.	Hexachlorocyclopentadiene	109.	4,4'-DDE
89.	2,3,7,8-tetrachloro-dibenzo-p-dioxin (TCDD)	110.	4,4'-DDT
90.	1,2,4-Trichlorobenzene	111.	Dieldrin
Acid Organic Compounds		112.	Endosulfan I
91.	4-Chloro-3-methyl phenol	113.	Endosulfan II
92.	2-Chlorophenol	114.	Endosulfan sulfate
93.	2,4-Dichlorophenol	115.	Endrin
94.	2,4-Dimethylphenol	116.	Endrin aldehyde
95.	2,4-Dinitrophenol	117.	Heptachlor
96.	2-Methyl-4,6-dinitrophenol	118.	Heptachlor epoxide
97.	2-Nitrophenol	119.	Toxaphene
98.	4-Nitrophenol	120.	PCB (any isomer)
99.	Pentachlorophenol	Miscellaneous	
100.	Phenol	121.	Cyanide
101.	2,4,6-Trichlorophenol	122.	Asbestos
		123.	Phenols

2. For the chemicals checked as known to be present above, please list the chemical compound by the item number and describe the amount used at your facility and the amount lost to the sanitary sewer to the extent that it is known:

[illegible]

SECTION IV WATER USAGE INFORMATION

1. Raw Water Source

Please indicate your source(s) for water. Check whether the source is metered or estimated:

SOURCE	NUMBER OF CONNECTIONS	METERED	ESTIMATED
Municipal System	<u>Two</u>	<u>X</u>	<u> </u>
Private Well	<u> </u>	<u> </u>	<u> </u>
Other <u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Please name the city, which is the source of any municipal water:

Downers Grove

3. How is water used within your facility? (Please check all that apply.)

<u>X</u>	A. Sanitary Domestic
<u> </u>	B. Food Service
<u> </u>	C. Cooling Water (Direct contact)
<u>X</u>	D. Cooling Water (Non-contact)
<u>X</u>	E. Boiler Feed
<u>X</u>	F. Air Conditioning
<u>X</u>	G. Process Water
<u>X</u>	H. Plant Maintenance (Clean-Up)
<u>X</u>	I. Air Pollution Equipment
<u>X</u>	J. Landscape Watering
<u> </u>	K. Other (Specify) <u> </u>

4. What is the average daily process flow for your facility?

Average daily process flow: (G) 1,000 gal. per day (est.)

SECTION V WASTE DISPOSAL AND PRETREATMENT INFORMATION

1. Briefly describe any processes in your facility where water is recycled:

None

2. Briefly describe the reclamation or recycling of materials at your facility, and list in question 4, below, the materials that are stored on site for recycling/reclamation offsite.

3. Is any pretreatment provided for wastewater before it is discharged to the sanitary sewer?

Yes X No

If yes, please check the pretreatment process or device (check as many as are appropriate):

<u> </u> Sump	<u> </u> Chemical Oxidation
<u> </u> Septic Tank	<u> </u> Chemical Precipitation
<u>X</u> Grease Trap	<u> </u> Reverse Osmosis
<u>X</u> Triple Trap	<u> </u> Ion Exchange
<u> </u> Grit Removal	<u> </u> Ozonation
<u> </u> Sedimentation	<u> </u> Chlorination
<u> </u> Flow Equalization	<u> </u> Solvent Separation
<u> </u> Filtration	<u> </u> Spill Protection
<u> </u> Neutralization, pH Correction	<u> </u> Air Flotation
<u> </u> Silver Recovery	<u> </u> Centrifuge
<u> </u> Absorption	<u> </u> Cyclone
<u> </u> Distillation & Stripping	<u> </u> Other Chemical Treatment
<u> </u> Evaporation	Type <u> </u>
<u> </u> Other Physical Treatment	<u> </u> Other Biological Treatment
Type <u> </u>	Type <u> </u>

4. List all materials which are collected and/or stored for special or hazardous waste disposal or for recycling/reclamation:

Physical State (Liquid, Solid or Gas)	Type of Storage Container (tank, drum, etc.)	Quantity Disposed of During Calendar 1992	Disposal Method
<u>L</u>	<u>Above ground - waste oil tanks</u>	<u> </u>	<u>Licensed hazardous waste hauler:</u>
<u>L</u>	<u>Above ground - mineral spirits tanks</u>	<u> </u>	<u>Beaver Oil C</u>
<u>L</u>	<u>Above ground - machine coolants tanks</u>	<u>15,000 Gals.</u>	<u> </u>
<u>S</u>	<u>Above ground - sludge tanks</u>	<u> </u>	<u> </u>
<u>L</u>	<u>Drum - trichloroethylene</u>	<u>65 Gals.</u>	<u>Supplier collected waste</u>
<u>L</u>	<u>Drum - copper strip sol'n.</u>	<u>660 Gals. (est.)</u>	<u>Ashland Chem</u>
<u>S</u>	<u>Truck - steel chips</u>	<u>442 Tons</u>	<u>Cozzi Ind.</u>
<u>S</u>	<u>Tank - used oil dry & filter paper</u>	<u>50 Cu. Yds.</u>	<u>Litchfield L</u>
<u>L</u>	<u>Flammable Liquid</u>	<u>250 Gals.</u>	<u>Beaver Oil C</u>

5. What is the name of your regular refuse hauler? Rot's Disposal Service
6. Has your facility submitted a spill containment or emergency response plan to the District?

Yes ☐ No ☒

If yes, please submit any changes to this plan. If no plan has been submitted, and one is required for your facility, we will send you a checklist for this activity.

SECTION VI MISCELLANEOUS INFORMATION

1. Other Permit Information

Does your facility have an NPDES (National Pollutant Discharge Elimination System) permit for a surface water discharge?

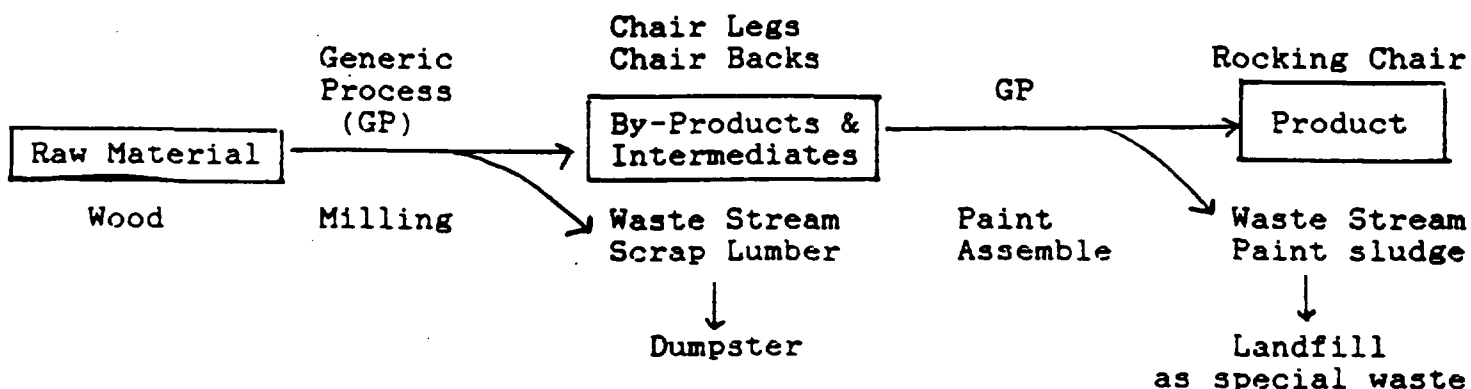
Yes ☒ No ☐ If yes, permit number(s) IL 0038016

Does your facility have a state air pollution permit?

Yes ☒ No ☐ If yes, permit number(s) 73060221 Application No. 043030ABG I.D. No.

2. Process Flow Schematic

Please attach a flow chart of your major production process or service procedures, including the raw materials, products and wastestreams generated. The following is an example:



Raw materials may include feedstock, purchased materials which you further assemble, repackage, fabricate with, etc.

Generic processes may include chemical reactions by generic name, finishing operations, printing, packaging, assembly, etc.

Waste streams should include discharges to air, waterways, sanitary sewers, solid waste and re-use or recycled materials.

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Providing a Better Environment for South Central
DuPage County

COMMERCIAL-INDUSTRIAL USER WASTEWATER SURVEY 2000

COMPANY NAME: ARROW GEAR CO.

ADDRESS: 2301 CURTISS ST. DOWNERS GROVE IL 60515

CORPORATE ADDRESS (if applicable): _____

NAME OF CONTACT PERSON: RON KAUZLARICH

TITLE: FACILITIES MANAGER. ; PHONE NUMBER: (630) 969-7640 ext 227

SECTION I: GENERAL INFORMATION

1. Please provide a brief narrative description of the commercial activities being carried out at the facility named above:

MANUFACTURING OF GEAR BOXES AND
LOOSE GEARS.

2. List the Standard Industrial Classification Codes (SIC) which apply to your facility:

3-5-6-6, _____, _____, _____, _____

3. Please check all the appropriate business operations that apply:

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Printing/Engraving	<input checked="" type="checkbox"/> Warehouse
<input type="checkbox"/> Retail Store	<input type="checkbox"/> Medical Office	<input checked="" type="checkbox"/> Packaging
<input type="checkbox"/> Restaurant/Cafeteria	<input type="checkbox"/> Computer Center	<input checked="" type="checkbox"/> Assembly
<input type="checkbox"/> Wholesale/Distributor	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Fabricating
<input type="checkbox"/> Testing Laboratory	<input type="checkbox"/> Photo Processing	<input type="checkbox"/> Auto Repair
<input type="checkbox"/> Truck Repair	<input type="checkbox"/> Body Shop	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Appliance Repair	<input type="checkbox"/> Equipment Repair	<input type="checkbox"/> Laundry
<input type="checkbox"/> Dry Cleaning	<input type="checkbox"/> Industrial Laundry	<input type="checkbox"/> Metal Plating-Finishing

☐ Other (please describe) _____

4. Hours of Operation:

Monday through Friday

From 7:00 AM to 7:00 AM SAT.
MON

Saturday

From 7:00 AM to 7:00 PM (75% OF THE TIME)

Sunday

From _____ to _____

5. Does this facility have a seasonal variation to work schedule or a period of shut down?

Yes ☐ No ☒ If yes, please describe: _____

SECTION II WATER USAGE INFORMATION

1. Please indicate the source(s) used for water. Check whether the amount is measured or estimated:

Source	Number of Connections	Metered	Estimated
<input checked="" type="checkbox"/> Municipal	<u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Well	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please describe) _____			

2. Please name the city that is the source of the water supply.

DOWNER GROVE

3. How is water used within your facility? Please check all the uses that apply:

- ☐ Food Service
- ☒ Household-cleaning office and shop areas
- ☒ Sanitary uses, toilets, sinks and showers
- ☐ Laundry
- ☒ Process Uses, as part of product or used in the manufacture of product
- ☐ Cooling Water-Direct Contact
- ☒ Cooling Water-Indirect Contact *CLOSED LOOP SYSTEM*
- ☒ Boiler Feed *CLOSED LOOP SYSTEM*
- ☒ Air Conditioning *CLOSED LOOP SYSTEM*
- ☐ Air Pollution Equipment
- ☒ Clean-Up of Process Equipment
- ☒ Landscape Watering
- ☒ Other, please specify *MACHINING COOLANTS (NOT DISCHARGED.)*

4. What is the average water usage for this facility? 2,400,000 GAL OR (3200 U.S.)
(Please state if the reported amount is daily, weekly, monthly or annual water use rate.)

5. What is the average volume of water used in manufacturing and/or service operations at your facility? Please describe the process that corresponds to the water flow values. Include all process water uses including such items as film processing, non-contact and contact cooling water, rinse water and any cleaning of the process areas and/or equipment. (Water used for sanitary purposes such as toilets, sinks, and showers should not be included.)

Process 1 Name: PRESSURE WASH CLEANING

Describe the use: CLEANING AIR FILTERS Volume: 5500 GALS YEAR
MATERIAL HANDLING EQUIP.
MISC. MAINT. CLEANING

Process 2 Name: FLOOR SCRUBBING

Describe the use: SCRUB MAIN ISLE Volume: 3600 GALS YEAR
OF SHOP FLOOR

PROCESS 3 NAME NITAL ETCH

DESCRIBE THE USE RINSE WATER VOLUME 4,300 GALS YEAR